

**Breast Cancer Control Advisory Board
Special Meeting**

December 10, 2013

Minutes

Attending Board Members:

Dr. Ronda Henry-Tillman, Sarah Faitak, Dr. Hope Keiser, Dr. John Lynch (via teleconference), Sharon Parrett, and Debra Walden.

Absent Board Members:

Dr. Jerri Fant, Alicia Storey

Arkansas Department of Health (ADH):

Dr. Appathurai Balamurugan, Lisa Buckner, Alysia Cover, Shiela Couch, Kay Creighton-Hays, Renee House, David Kern, Wanda Lung 'aho, Geray Pickle, Cheryl Roland, Reginald A. Rogers and Michelle Snortland, Brandy Sutphin, Dr. Namvar Zohoori.

Arkansas Department of Human Services (DHS)

Suzanne Bierman

Other Organizations:

Royce Pinkard and Jeremy Fleckenstein (Hewlett Packard Enterprise)

Ruth Byron and Eileen Anderson, (Encore)

Deborah Beard, Lisa Bondurant and Holly Frein (The Communications Group)

I. Call to order:

Dr. Ronda Henry-Tillman, Board Co-Chair, called the meeting to order at 5:13 p.m.

Welcome and Introductions:

Sharon Parrett offered a commendation from a Garland County health-care provider and several clients to Michelle Snortland and Renee House for professionalism, courtesy and genuine caring about BreastCare clients.

No comments from members of the public

II. Board Business

A. Review and Approval of Minutes from October 22, 2013

Debra Walden made a motion to approve the minutes from the October 22, 2013, meeting and Sharon Parrett seconded the motion. The motion to approve the minutes was approved without discussion.

B. Discussion of Breast Care services in view of the Affordable Care Act

Dr. Ronda Henry-Tillman said the main purpose of the special meeting was to discuss breast cancer treatment options which were provided by Medicaid and which would be provided through private insurance with changes brought by the Affordable Care Act, approved by Congress and signed by President Obama.

Suzanne Bierman, Director, Coordination of Coverage & Continuity of Care, Arkansas Division of Medical Services, Arkansas Department of Human Services, was asked to attend the meeting and bring board members up-to-date on services for women also served by the BreastCare program operated by the Arkansas Department of Health. Her responsibilities include working on the Arkansas Health Care Independence Program, also known as the Private Option in Arkansas. DHS has received federal approval to buy private health insurance plans using federal Medicaid dollars for Arkansans ages 19-64 with incomes up to and including 138 percent of the Federal Poverty Level (FPL).

She said an estimated 250,000 working age, previously uninsured Arkansans, will now have an opportunity for health-care coverage through the private option. DHS is working with the qualified health insurance plans to provide coverage for that group.

The program in which she works does not provide insurance coverage through the traditional fee-for-service Medicaid, but rather through private healthcare plans using Medicaid dollars. They are private plans, not Medicaid-specific plans, so Medicaid is primarily a payer. The rules about which providers are in network and what is covered under a policy are dictated by insurance carriers. DHS is working with the Arkansas Insurance Department on this program.

Dr. Henry-Tillman asked for clarification of the income for people covered under the program which Ms. Bierman described.

Ms. Bierman said for an individual the maximum income would be \$15,000 and for a family of four the maximum income would be \$30,000, which are threshold levels up to and including 138 percent of the FPL.

The plans provide comprehensive coverage and they replace aid categories such as breast cancer treatment which had been traditionally covered by Arkansas Medicaid, Ms. Bierman said.

Dr. Henry-Tillman asked and Ms. Bierman confirmed that if an individual was uninsured and had income below the 139 percent FPL, they had the option to sign up for the private insurance Ms. Bierman described.

Ms. Bierman said poverty is always an eligibility factor, so that in this particular program, people may enroll at any time. This contrasts with people with higher income who may only enroll during specified enrollment periods.

Dr. Namvar Zohoori asked about the transition of people to the new insurance program from being on Medicaid.

Ms. Bierman said her department participated in the SNAP-facilitated insurance enrollment option. Under this option, individuals who were in SNAP, which stands for Supplemental Nutritional Assistance Program, received notices from DHS stating that their income was already verified (as being below 138 Percent FPL) and that they were eligible to be enrolled in health insurance. She said DHS enrolled about 60,000 people through that notification effort.

Dr. Henry-Tillman asked how many BreastCare clients had incomes above 138 percent FPL but not beyond the 200 percent FPL.

Michelle Snortland said she and Ms. Bierman analyzed the available data from ADH and DHS and determined that 290 BreastCare patients were in that category.

Ms. Bierman said there is a big push to sign up for coverage and to broadcast the message that sliding federal government subsidies, based on income, are available to help people in that category (with incomes between 139-200 percent of the FPL) to obtain insurance.

Dr. Henry-Tillman asked how many of the 290 patients were enrolled in a new insurance program. Ms. Snortland said the BreastCare program staffers do not know that number, because they do not have access to that data. To come up with that number would require ADH staff to check with each patient one by one.

A board member said she was concerned that the deadline for signing up for insurance would result in some policy holders having a gap in their health care coverage. Discussion continued on the sign-up deadlines and effective dates for insurance policies and the need to get the word out to encourage people to sign up immediately to avoid a gap in coverage. .

Ms. Snortland said ADH staff are concerned that if patients did not enroll by Dec. 15, they would not have coverage on January 1, and even though individuals who have incomes up to and including the 138 percent FPL can enroll throughout the year, they have to enroll by the 15th of a month to get coverage starting the 1st of the following month.

Ms. Bierman said there is a little bit of time lag from when people sign up for coverage and when it actually takes effect, but people with incomes up to and including the 138 percent FPL are not precluded from signing up during open enrollment which goes until March 31.

Ms. Snortland noted the urgency for people with incomes up to and including the 138 percent FPL to sign up and gave an example. If an eligible uninsured patient was diagnosed on March 16 with breast cancer, and she immediately enrolled in the Medicaid private option, she would have to wait until May 1 to receive treatment covered by the insurance.

Ms. Bierman said the primary message is to get people signed up and she expressed concern that state agency officials understand they will not be 100 percent successful in that endeavor.

Ms. Bierman said maybe Dr. Zohoori could elaborate on a stop-gap measure DHS and ADH are working on to help the group of people between 139-200 percent of the FPL.

Dr. Zohoori said ADH and DHS staff are very concerned and are trying to come up with a way to help the group of people between 139-200 percent of the FPL. There has been discussion and analysis of the cost, but he said they have not produced any specific plan. He said the group will share developments when they are determined.

A board member asked if there was any way to assist an individual who had income at 140 percent of the FPL by obtaining a waiver through the state insurance department or DHS.

Ms. Bierman said under the Affordable Care Act statute, this individual cannot get coverage through the private option paid with Medicaid dollars.

Dr. Henry-Tillman stated that the BreastCare program covers screening and diagnosis, but it does not cover treatment, and the state or federal government does not provide options for treatment under the Affordable Care Act.

Dr. Zohoori said there is no longer a Medicaid Chapter 07 for people to use. They need to enroll in the marketplace in an insurance program. And there are different tiers in which they can enroll, and they will have to pay out-of-pocket expenses and premium costs.

Dr. Henry-Tillman asked if an individual chooses the wrong (insurance) tier and the patient receives a bill for 10 percent or 20 percent of the total of the treatment cost and she cannot pay it. Will our BreastCare program help with that, she asked.

Ms. Snortland said the BreastCare program could not help this individual and said there are many plans which are being considered to help individuals in the hypothetical situation, as described by Dr. Henry-Tillman, but even if a decision were made on these plans immediately, the plans could not be put into effect by January 1, 2014.

Dr. Henry-Tillman stated the board needs to discuss that and come up with a plan because Arkansas has legislation that says that no woman with breast cancer shall go untreated.

Dr. Henry-Tillman said she is not comfortable telling a patient she can get a biopsy to determine the presence of cancer, but at this point the State of Arkansas cannot do anything else to help her.

Ms. Parrett said she recommends that the current Medicaid waiver continue, at least for a couple years.

On another matter, Ms. Bierman said federal officials are aware that people at this time may indicate on an insurance questionnaire that they presently (before January 1) have coverage, but they will not have it after January 1. Ms. Bierman said the federal government is clarifying that people should provide information about their coverage after January 1.

Dr. Zohoori reassured Dr. Henry-Tillman that he and other officials working on the issues are just as concerned as she is about serving patients making 139 to 200 percent of the FPL. These issues take time to resolve and will not be done by January 1, but there are plans to do something as fast as we can, he said.

He said it is a complicated matter to try to help them and discussion has covered various scenarios, including help for people to pay premium or out-of-pocket expenses. Such a program would cost the state as much as \$3 million. He noted that the BreastCare program has about \$1 million in state money, and that federal money cannot be used for treatment.

Dr. Zohoori brought up another issue that if an individual were to get state assistance to pay insurance premiums or expenses, it could count as income and this could make them ineligible for government assistance. He said it would be up to the Internal Revenue Service to determine if such assistance counted as income.

Additional BreastCare staff would also be needed to take care of an additional assistance provided to individuals, Dr. Zohoori said. So that would be an additional program cost.

Dr. Henry-Tillman summarized the situation that BreastCare program staffers are going to disclose to breast cancer patients with incomes between 139-200 percent FPL that they can be screened, and if they have cancer, the program has no options to treat them.

There are options for them, Dr. Zohoori said, in the marketplace, and there are costs associated with it. There will be women who get cancer who will not qualify immediately for treatment, but there are options for everyone in the marketplace, but they have costs associated with them. And the question is whether they can afford to do it or not. What needs to be clear to every prospective patient is what their options are.

Ms. Bierman said there are federal subsidies on a sliding scale to help people get insurance. At this point, people still have an opportunity to get insurance through open enrollment. There is a known population which can get assistance from the federal government.

Ms. Parrett gave an example of a person who is at the 175 percent FPL who is just too ill to make sure all her paperwork with all the details is filled out properly. Is she going to have her treatment stopped, January 1, Ms. Parrett asked. People go online and think they've signed up for health insurance, and when they go back to see if they have insurance, they don't have it.

Dr. Henry-Tillman said such individuals will not have treatment stopped, but they will be billed and will have to pay for it themselves. She said people who self-pay have higher medical bills than those whose insurance negotiates medical costs with providers, and that is not fair.

Ms. Bierman acknowledged what Dr. Henry-Tillman stated, and said there are resources to help people who sign up for health insurance. The Arkansas Insurance Department has classes to help providers by training Community Assistance Counselors (CACs), navigators and other assisters. There are a number of different funding streams attached to the assisters. There are resources in every Arkansas county to help people sign up, she said.

Discussion turned toward communication with patients. Dr. Henry-Tillman suggested that a billboard be put up reminding breast care patients that they need to sign up for private health insurance.

Ms. Snortland said the health department has done many things to communicate to breast care patients:

- More than 800 letters have been sent to current Medicaid patients;
- More than 300 letters have been sent to clinics concerning how to navigate their patients;
- E-blasts have been sent out;
- The health department is using FaceBook;
- New releases

Ms. Snortland said the BreastCare program has 850 open cases. Dr. Henry-Tillman asked if there was any way to tell how many have enrolled in insurance plans. Ms. Snortland said perhaps Medicaid could tell how many have been enrolled.

Ms. Bierman said the insurance department probably could provide a figure of how many enrolled. Dr. Henry-Tillman expressed concern that something more needed to be done to get people information.

Ms. Snortland noted that most of the 850 patients had incomes below 138 percent FPL and they could take advantage of the private option and her staff is trying to reach them all, using many different approaches.

Dr. Zohoori said 79 percent are at or below 138 percent FPL and 21 percent, or 290 patients, are above 138 percent FPL.

Board discussion turned toward effective ways of disseminating information about insurance programs.

Sarah Faitak said agency officials need to make sure people understand the importance of signing up for insurance.

Ms. Snortland said:

- News releases were sent out to Arkansas newspapers, but only two papers responded.
- Radio has been used in the Red Counties, and the money goes further with that medium, and her staff has found that radio outreach has been better than other approaches.
- The BreastCare program is trying to use every medium it can.
- A list of questions is provided to patients to ask insurance providers.
- There are more than 14,000 breast care patients in Arkansas, and providers care very much about their patients.

A representative of The Communications Group said television is the most effective medium to reach a female audience quickly and broadly statewide. Use of a medium depends on whether the top priority is to communicate quickly or cost-effectively, she said. In Arkansas, television is the most effective medium, but it is very expensive. Radio is much more targeted, very efficient, and has been used in Red Counties where there is low enrollment.

Dr. Henry-Tillman said her concern is that the message is not getting to people. She suggested it might be helpful to put in doctors' offices a cardboard display or poster directing breast care patients to call a hot-line and it might be cost effective to hire a temporary staffer to answer a hot-line.

Dr. Zohoori suggested the approach taken by pharmaceutical company ads which prompt patients to ask questions of their doctors.

Ms. Snortland said more than 70 percent of BreastCare patients go to ADH Local Health Units (LHUs), which her staff has found to be the quickest way to reach the highest number of people. Her staffers are stressing that BreastCare patients should be directed to an in-person assister (IPA) to address insurance issues. This is a strategy used for LHUs, but it is not used for private clinics.

Dr. Appathurai Balamurugan said that the Family Medical Clinic at UAMS and other UAMS clinics have IPAs to address questions about insurance coverage.

Ms. Snortland said private clinics see the least number of BreastCare program patients, for example an average of 10 patients a month enroll in a private office, which is why the program is targeting Local Health Units and Community Health Centers (CHCs).

Debra Walden complimented Ms. Snortland and her staff for their work and noted that there are going to be people who will not be served. Ms. Walden said Ms. Snortland knew the BreastCare patient population and how to best reach them.

Ms. Parrett suggested ramping up the Facebook approach. Ms. Snortland said BreastCare staffers are using several communications approaches.

Ms. Walden asked what Komen organizations doing to address the issues discussed. Dr. Hope Keiser said Komen has not started anything new, beyond activity with grantees.

Ms. Snortland said her staff is trying to get creative and has contacted the Arkansas Cancer Coalition to make sure their members understand their role in educating people and the Arkansas Cancer Registry because of its direct link with providers.

Dr. Keiser said Komen officials are contacting their grant applicants to get the message out, but that effort will not be timely for January.

Ms. Snortland noted that the next insurance open enrollment period is October 15 to December 7, 2014, for insurance to be effective in January 2015.

Knowing that some people will not sign up or decide not to sign up, despite a great effort on the part of government agencies, Ms. Snortland said her staff has researched medication assistance, the insurance department, the health department, the IPAs, and charitable foundations to find ways to assist with treatment funds.

C. BreastCare Provider Communication Strategy

Ms. Snortland presented a one-page action plan listing strategies used to communicate with BreastCare Providers regarding the impact on the BreastCare Program of health care reform implementation and the termination of the Medicaid Breast and Cervical Cancer Treatment Program.

The Action Plan listed 12 strategies with columns for a target time for implementation and comments on the status of each strategy. The strategies included:

1. An email letter to providers
2. A hard copy letter to providers
3. An E-Blast
4. A newsletter
5. An E-Blast news release from ADH
6. A website
7. Facebook messages
8. A BreastCare System message box
9. An HP Billing message box
10. A news release
11. A newspaper ad to be designed by the ADH Marketing and Communication Section
12. A radio ad to be scripted by The Communications Group

The board discussed the strategies and two more were added:

13. An office billboard
14. An effort to reach to all BreastCare partners.

Dr. Henry-Tillman suggested that information provided to doctors' offices go to specialist clinics, such as radiation or imaging and oncologists, as well as primary care clinics

Ms. Parrett said the American Cancer Society in Garland County has made a push to contact all Relay for Life teams, IPA information for the health department, and several other places in the county which had IPAs. Relay for Life is an effort to honor cancer survivors, raise awareness about cancer risks, and raise money to help the American Cancer Society fight cancer.

The question was asked if there was a central resource where people could locate IPAs. Ms. Parrett suggested they check www.healthcare.gov where they would find a link for "local help." At that link, people could type in their Zip Code and find a list of healthcare application assisters.

Ms. Bierman said the Arkansas Insurance Department also will help people find brokers and agents.

Ms. Parrett said there is concern that a number of drugs for treating cancer will not be on the formulary for insurance plans. Ms. Bierman said DHS officials are in discussion with cancer society officials concerning the prospect that drugs previously covered through Medicaid would not be covered under new Arkansas insurance plans. Ms. Bierman said she is looking into the matter, is aware of issues, but not aware of any developments.

III. Closing

Dr. Henry-Tillman adjourned the meeting at 6:13 p.m.